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Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program

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**Massachusetts Controlled Substance Registration (MCSR)
Supervisor Change Form for Advanced Practice Providers**

Supervisor Change Form Instructions

1. Items with an asterisk are mandatory. We are unable to process incomplete forms.
2. If you are adding or removing more than three supervisors, please photocopy the appropriate page(s) and include that with your form submission.
3. If you are adding supervising physician(s), the new supervising physician(s) must sign and attest that prescriptive guidelines are in place.
4. Attest to the content of the form by signing and dating the third page. The Drug Control Program cannot accept amended information forms without a signature.
5. When complete, send the amended information form by either email, fax, or mail:

Email: MCSR@massmail.state.ma.us

Fax: 617-753-8233

Mail: Bureau of Health Professions Licensure
Drug Control Program, Attn: MCSR
239 Causeway Street, 5th Floor Suite 500
Boston, MA 02114

Please read the following information carefully before completing the form.

Advanced Practice Providers (PAs, APRNs, CDTM RPh) must have a Supervising Physician (not applicable to Certified Nurse Midwives (CNM)) in each of their practice settings.

A supervising physician must have an active MCSR.

An Advanced Practice Provider may have multiple supervising physicians and a supervising physician may supervise multiple Advanced Practice Providers.

Supervising physicians must attest that written prescriptive guidelines are in place with their Advanced Practice Provider(s).

If the Supervising Physician's MCSR expires, the Advanced Practice Provider's MCSR will automatically be updated to "*Pending Supervisor*" status and all prescribing, dispensing, ordering, storing, and/or administering controlled substances activities must be suspended UNLESS the Advanced Practice Provider has multiple Supervising Physicians. If only one Supervising Physician's MCSR expires while all other supervisor MCSRs stay active, the Advanced Practice Provider will receive notification, but the MCSR will not be updated to "*Pending Supervisor*" status.

Carefully Print or Type the Following Information:

First Name*:	Last Name*:	MCSR Number*:	Board License Number*:

Select All Changes that Apply:

<input type="checkbox"/> Add a New Supervisor			
Last Name*:	First Name*:	Middle Name:	MCSR #*:
Do you have prescriptive guidelines in place*? <input type="checkbox"/> Y <input type="checkbox"/> N Written prescriptive guidelines are required for Advanced Practice Providers. Requests to add a supervisor without prescriptive guidelines in place will be denied.			
Signature of New Supervising Physician*			Date*
<hr/>			<hr/>

<input type="checkbox"/> Add a New Supervisor			
Last Name*:	First Name*:	Middle Name:	MCSR #*:
Do you have prescriptive guidelines in place*? <input type="checkbox"/> Y <input type="checkbox"/> N Written prescriptive guidelines are required for Advanced Practice Providers. Requests to add a supervisor without prescriptive guidelines in place will be denied.			
Signature of New Supervising Physician*			Date*
<hr/>			<hr/>

<input type="checkbox"/> Add a New Supervisor			
Last Name*:	First Name*:	Middle Name:	MCSR #*:
Do you have prescriptive guidelines in place*? <input type="checkbox"/> Y <input type="checkbox"/> N Written prescriptive guidelines are required for Advanced Practice Providers. Requests to add a supervisor without prescriptive guidelines in place will be denied.			
Signature of New Supervising Physician*			Date*
<hr/>			<hr/>

☐ **Remove a Supervisor**

Please note: If you do not have any active supervisors, your MCSR status will be updated to “*Pending Supervisor*” and all prescribing, ordering, storing, and administering of controlled substances must cease until you have at least one supervisor on record.

Last Name*: **First Name*:** **Middle Name:** **MCSR #*:**

☐ **Remove a Supervisor**

Please note: If you do not have any active supervisors, your MCSR status will be updated to “*Pending Supervisor*” and all prescribing, ordering, storing, and administering of controlled substances must cease until you have at least one supervisor on record.

Last Name*: **First Name*:** **Middle Name:** **MCSR #*:**

☐ **Remove a Supervisor**

Please note: If you do not have any active supervisors, your MCSR status will be updated to “*Pending Supervisor*” and all prescribing, ordering, storing, and administering of controlled substances must cease until you have at least one supervisor on record.

Last Name*: **First Name*:** **Middle Name:** **MCSR #*:**

I hereby certify that, under pains and penalties of perjury, all of the information submitted in this form, and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for MCSR revocation or denial of the MCSR and may subject me to civil or criminal penalties. My signature on this MCSR form attests under penalties of perjury that, to the best of my knowledge and belief, I have complied with: state tax and child support laws M.G.L. c. 62C, section 49A); and the laws of the commonwealth of Massachusetts and all applicable rules and regulations of the Department of Public Health and the Drug Control Program.

Signature*: _____

Date*: _____